PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number					
	PATENT /	APPLICATIO Effect		10773421										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			۷.					RATE FEE		FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/ minus 20=		•			XS 9=			OR	X\$18=	٠	
INDEPENDENT CLAIMS			7 minus 3 =		•			X43=			OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	<u>.</u> T	-	ОЯ	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL	L	280	OR	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY						
	(Column 1) (Column 2) (Column 2) (Column 2) (Column 2)						) [			ADDI-		3110722	ADD:-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F		PRESENT EXTRA	RATE			TIONAL FEE		RATE	TIONAL	
	Total	• 6	Minus	e	26	:		X\$ 9=	.	/ _ /	OR	X\$18=	7	
	Independent	· 3_	Minus		3	•		X43=	1		OR	X86=	7	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	. †		OR	+290=	7	
(Column 1) (Column 2) (Column 3)									AL	1		TOTAL	/	
									EE <b>L</b>	- <del>L</del>	jon ,	ADDIT. FEE		
AMENOMENT B		CLAIMS REMAINING		HIGHEST NUMBER PRESENT						ADDI-		0.75	ADDI-	
		AFTER AMENDMENT		PREVIC PAID		EXTRA		RATE		FEE,		RATE	TIONAL FEE	
	Total	. 6	Minus	- 20	2	·		X\$ 9=			ОЯ	X\$18=		
	Independent	• 3	Minus	SENDENT				X43=			OR	X88≃	/.	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=			OR	+290=	<i>/</i> .	
								TOTA			OR	TOTAL		
	(Column 1) (Column 2) (Column 3)													
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER XUŚLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•	Minus	**				X\$ 9=			OR	X\$18=		
	Independent	•	Minus	***				X43=	1		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	十					
• #	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.								╬		OR	+290=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										لــــــــــــــــــــــــــــــــــــــ	OR	TOTAL ADDIT. FEE		
		ber Previously Pal					r fou	and in the a	appro	opriate box	tn cot	umn 1.		
COON	PTO-675 (Rev. 10	1070					Pate	ent and Tox	dema	n Office U	S DEP	ARTMENT OF	COMMERCE	